Oneida County Health Department

POLICY & PROCEDURE TITLE:	*Communication Plan*	
EFFECTIVE DATE:	*5/31/12*	
DATE REVIEWED:	*3/16/12*	
AUTHORIZED BY:		
ESSENTIAL PUBLIC HEALTH SERVICES:	*(Insert "X" in front of each applicable national essential services)*	
	X Monitor/Solve	**X Enforce**
	Diagnose & Investigate	**Link**
	X Inform/Educate	**Assure Competent Workforce**
	X Mobilize	**Evaluate**
	Develop Policy & Plans	**Research**

PURPOSE:
All programs within Oneida County Health Department will use a consistent format and structure for all types of communication, and all correspondence policies and procedures will be adhered to.

OBJECTIVES:
1. The Oneida County Health Department (OCHD) will ensure effective, timely, and transparent communication within the department and all programs.
2. The Oneida County Health Department (OCHD) will deliver effective public health messages to stakeholders, community members, and the general public.

WHO PERFORMS ACTIVITIES:
Oneida County Health Department employees

SUPPLIES/EQUIPMENT/FORMS NEEDED:
See attached templates (Appendices)

POLICY:
The Oneida County Health Department will keep its staff, stakeholders, clients, and community well informed of its activities, programs, events, policies, issues, and other pertinent health information.

The scope of this policy covers all public health issues impacting Oneida County and to help us carry out our mission, "Oneida County Health Department will promote and protect the health of Oneida County by providing leadership, education and services."

Basic Steps in the Communication Process
1. Choose the most effective mode of communication (email, poster, flyer, press release, video, social media, etc…)
2. Check for Health Literacy
3. Check for Readability
4. Save message
5. Send message

I. INTERNAL COMMUNICATION

Internal Communication Processes

1. For routing of time sensitive/critical requests to appropriate OCHD staff, the Director or Assistant Director will utilize the most efficient and accurate form of communication deemed appropriate.
2. Modes of Internal Communication
   a. OCHD All-Staff Meetings: The frequency of all-staff meetings is monthly. Notice of meetings and agendas are sent to staff via email in advance of meeting date. Minutes are archived and can be viewed by going to G:\NSSHARE\STAff Meetings\All STaff
   b. Program specific staff meetings: The frequency of program specific staff meetings is monthly. Notice of meetings and agendas are sent to appropriate staff via email in advance of meeting date. Minutes are archived and can be viewed by going to G:/NSSHARE/STAFF Meetings/ (specific program)
   c. Departmental e-mails
   d. Verbal communication
   e. Department-wide distribution of press releases and other information distributed publically
   f. Desired communication with hard copy department routing form identifying staff to be receiving communication
   g. Telephone
   h. Other

NOTE: Staff Notification of New or Updated Policies/Procedures:
At times, OCHD staff need to be made aware of new policies/procedures or updates that may have an impact on them. Based on the importance of these updates, Administration may communicate this information via phone message, all-staff email, staff meeting, or posting within the department. When routine forms of communication come out, there will then be an update/reminder about the prior notification and a more in-depth explanation.

Assumptions

- All staff will be trained on this policy
- Informal internal communication (routine emails, verbal conversations, phone calls, etc. do not fall under this policy).
- The communication must have relevance to OCHD staff to fall under this policy
- Emergency requests/situations may have exceptions
- Confidential patient information shared between OCHD employees requires special care to avoid incidental disclosure. Please see confidentially policy.
   o The Privacy Rule recognizes that overheard communications in treatment setting may be unavoidable and allows for incidental disclosures. The Privacy Rule permits certain incidental disclosures of protected health information to occur when the covered entity has in place reasonable safeguards and minimum necessary policies and procedures to protect individuals' privacy.

OCHD Teams:
There are two main teams within the OCHD that are built around the Agency Strategic Plan. These teams are:
1. Quality Improvement/Accreditation Team (QIAT)
2. Leadership Team (LT)

These teams meet regularly and are responsible for guiding the OCHD towards the mission, vision, and goals of the department as identified in the Strategic Plan and are responsible for assuring the performance management plan is functional, appropriate, and current. The team agendas and minutes are key pieces of information for internal staff who may not get this information first-hand by being on the teams. These documents can be found in NSSHARE:
1. **QIAT:** G:\NSSHARE\Quality Improvement
2. **LT:** G:\NSSHARE\Leadership Team

Relevant information from these two teams will be added to the All Staff Meeting agenda and discussed with the all Oneida County Health Department employees during All Staff meetings.

II. EXTERNAL COMMUNICATION

Protocol for messaging
Choosing a mode of communication: Decide how the message will go out.
1. *Make sure the message is compliant with HIPPA Regulations*. See Appendix 8.
2. *Use appropriate OCHD template. See appendices 1-7.*
3. *Check the message for Health Literacy*: A well-crafted message will avoid complicated language and technical or medical terms when possible. Appendix 9 shows some basic Health Literacy guidelines.
4. *Check for Readability*: Always check your messages for readability. The readability level should be between a 5th and 9th grade reading level. Appendix 10 shows you how to perform a readability check on your message.
5. *Save your message*: Save message to the desired folder. Be sure to save your message so that it is easily identified.
6. *Route your message for feedback*: Send your message to Health Officer/Director, Assistant Director, or other Health Department staff for feedback.
   Send your message: Once reviewed, you are responsible for distributing the information to all OCHD staff so they can be educated on the issue. Assigned support staff are responsible for distribution to media and posting to OCHD website.

Program logo placement
On all templates, the position of the health department logo shall not be altered. Program logos can also be added to templates; however the health department logo should not be replaced with program templates.

External Communication Methods

a. Email
    i. All OCHD employee e-mails should contain the confidentiality declaration. See Appendix 1.
    ii. Emails should be checked for spelling and grammar
    iii. Confidential client information should *not* be sent via e-mail.

b. Press Releases
    i. All press releases should be written on Media press release template with OCHD letterhead. See Appendix 2 and Appendix 7.
    ii. Press releases should include the date as well as a contact name and phone number.
    iii. Press releases, like all written news information, should be checked for spelling and grammatical errors.
    iv. Press releases should be submitted to the appropriate support staff person for distribution to respective news media and website.
    v. Published press releases should be cut out of the newspaper and kept for record.

c. Health Alert to Providers
    i. All Health alerts should be written on OCHD Health Alert template with OCHD letterhead. See Appendix 6.
    ii. Health alerts should include the date of alert, date of alert period, reason for alert, instructions to targeted audience, contact name and phone number.
    iii. Health alerts, like all written information, should be checked for spelling and grammatical errors.
    iv. Health Alerts are to be approved by Director/Assistant Director.
    v. Health Alerts will be emailed to Assistant Director for distribution to Oneida County Syndromic Surveillance group.

d. Interviews
    i. Decisions regarding the authorization of an interview are made by the Director, Assistant Director, or respective staff person. Authorization criteria include:
        1. Appropriateness of the interview, topic and venue
        2. Availability of the selected key OCHD staff in light of primary responsibilities
        3. Potential for exacerbating versus calming public fear or anxiety
        4. Potential for relating information that cannot or should not be disclosed
        5. The impact the information conveyed could have on other organizations
        6. The assessed intent of reporter or other media representative

ii. Message Maps should be utilized by staff to assist in developing message for media. See Appendix 3.

e. News Conference

i. Should a confirmed crisis or emergency occur, the public information officer or designee will get factual and appropriate information to the public as quickly as possible. Getting this information out will likely include the need to conduct a news conference, providing reporters with the facts of the events as known and not known, providing information on steps being taken in response to the event, and providing opportunities for reporters to ask questions.

1. Basic Elements of a news conference agenda generally include:
   a. What happened- opening remarks to provide confirmed and appropriate facts of the event**.**
   b. What is being done by OCHD- steps OCHD personnel are taking, as appropriate to discuss
   c. What's be done for affected individuals or groups
   d. Questions and answers- the person opening the news conference should moderate, should direct any undirected questions to the appropriate person, and should close with a repetition of key messages.

2. Possible Handouts
   a. Agenda with names and title of participants
   b. Situation fact sheet
   c. Issue fact sheet

f. Social Media

NOTE: Social media is fast becoming one of the most preferred methods of individuals for communicating and sharing information. The OCHD recognizes this and wishes to provide social media outlets that allow the public to be able to get the latest information and guidance from OCHD. However, with the luxury of up-to-the-minute information and convenience comes the responsibility of OCHD to ensure that its Information Systems are protected and that employees use the social media sites for their intended purpose.

- All county or health department sponsored and supported social network sites must be approved by the department head.
- The content of all social network sites is to be compliant with State and Federal laws and consistent with the business objectives and existing policies of the OCHD and Oneida County.
- Each program will be responsible for establishing employee posting access, monitoring content and general maintenance of social network sites.
- County and/or health department management reserves the right to suspend or discontinue any site where content and/or site maintenance does not meet pre-determined standards.
- Social media sites may not be used as a means of exchanging information with or between County Board or Committee members where such exchange could be considered a 'meeting' and a violation of Wisconsin Open Records Laws.
- Opinion statements are not to be posted using any work-related social network sites.
- It is in direct violation of this policy to "friend" clients on your personal social media sites.

- No personal or health related information will be communicated with clients via any social network site.

  i. Website
    1. The Oneida County health Department maintains a public access website. News updates, both informational and emergency, will be posted to the home page. Information will be posted in a timely fashion as it becomes available.
    2. At least one designated employee shall be responsible for regular maintenance and review of the website.

  ii. Facebook
    1. The Oneida County Health Department will utilize the social networking site Facebook to distribute public health information (emergency and non-emergency).
    2. At least one designated employee shall be responsible for regular maintenance and review of the Facebook page.
    3. Employees utilizing Facebook should be sure to only visit relevant pages (personal pages are prohibited).

g. Telephone
 i. Telephone Lines
   1. The Oneida County Health Department uses a public access telephone line (715-369-6111) and employee access telephone lines during normal working hours.
   2. After business hours the telephone number is forwarded to an answering machine with messages that refer the caller to the dispatch center for public health emergencies on a 24/7 basis. The health director will be contacted upon report of the emergency.
   3. Employee access voicemails should be checked on a regular basis and phone calls returned within the appropriate time frame.
   4. Confidential patient information can be shared via telephone; however care should be taken to avoid incidental disclosure.
     a. The Privacy Rule recognizes that overheard communications in treatment setting may be unavoidable and allows for incidental disclosures. The Privacy Rule permits certain incidental disclosures of protected health information to occur when the covered entity has in place reasonable safeguards and minimum necessary policies and procedures to protect individuals' privacy.

h. Letters
 i. Use Oneida County Health Department letterhead. See Appendix 5.
 ii. See protocol for messaging.

i. Fax
 i. Oneida County Health Department maintains two fax lines
   1. The primary fax number used by Oneida County Health Department is 715-369-6112.

      2. The fax number used by the reproductive health program is 715-369-2553.

  ii. Fax cover sheets should be used when sending faxes to any recipient. See Appendix 4.

 iii. Confidential patient information can be sent via fax with the appropriate measures taken.

      1. Should include "Confidential" written on fax cover sheet

      2. Sender should assure that the fax machine is only used by intended recipient (agency or individual).

REFERENCES: See attached appendices for additional details and information.

Appendix 1: Sample Email Template

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Important: This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail message in error, please notify the sender immediately.
***

Appendix 2: Sample News Press Release Template

Location: G:\NSSHARE\Forms and Sample Letters\FORMS

Press releases should be developed at a Flesch-Kinkaid Reading Level of 5th to 9th grade. To check the reading level of developed press releases in Microsoft Word, Click on Review (Word 2007) or Tools (Word 2003), then click Spelling and Grammar, then click Options, then make sure "Show Readability Statistics" is checked. Run Spelling and Grammar check on document. When finished a Readability Statistics box will appear with data.
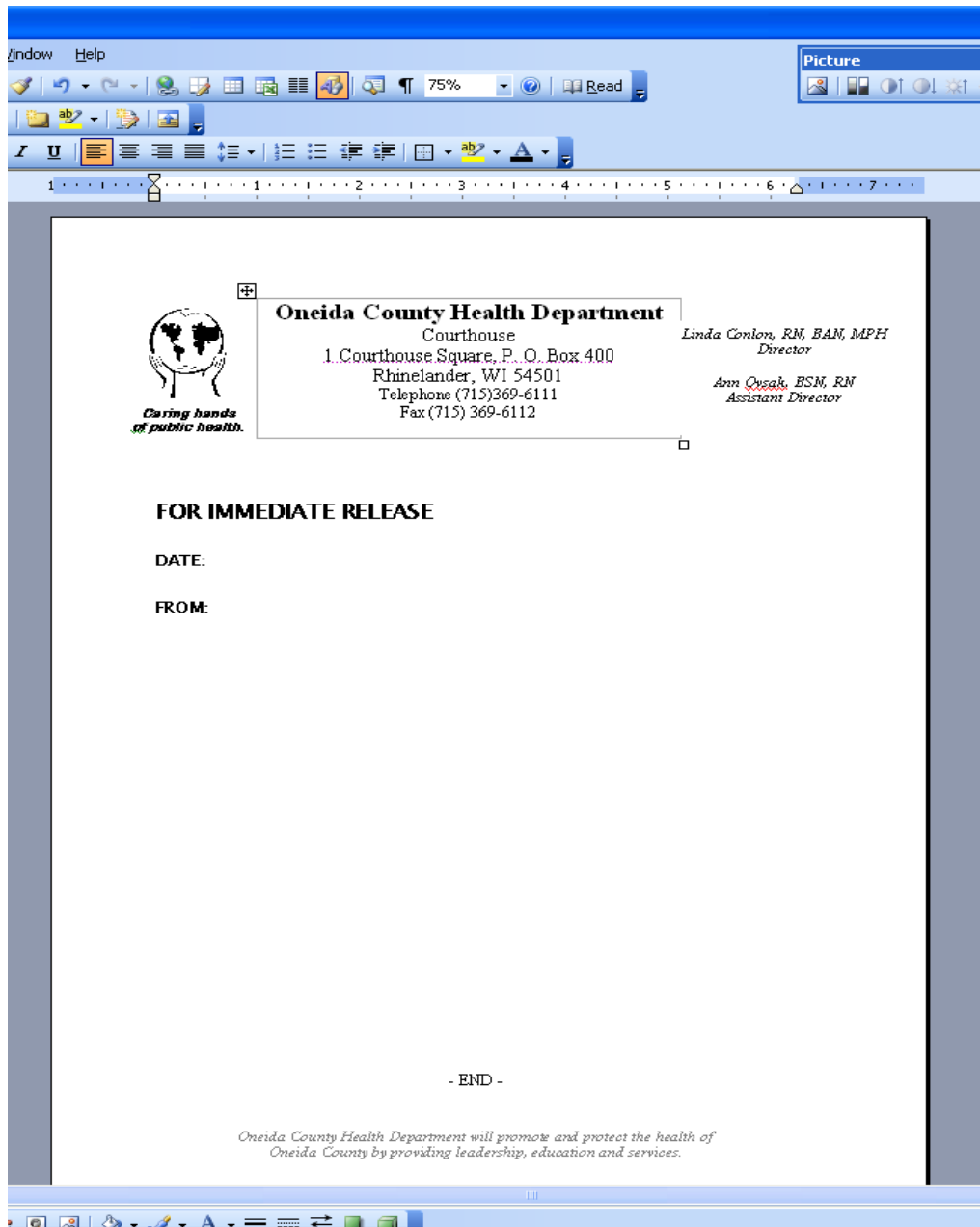
Appendix 3: Message Map Sample

Location: G://NSSHARE/riskcommunicaiton/other

Message Map

Stakeholder/Target Audience: General Public	Category:	Subject: Radon	Date updated: 4/3/07

Question or Concern: **What is Radon?**

Key Message/Fact 1: **Radon is a naturally occurring, ordorless, radioactive gas.**	Key Message/Fact 2: **It causes cancer**	Key Message/Fact 3: **Detecting and mitigating**
Supporting Fact 1-1: Radon comes from trace amounts of Uranium in the ground.	Supporting Fact 2-1: When you breathe radon, it goes in your lungs and increases your risk of lung cancer.	Supporting Fact 3-1: 5-10% of homes in Wisconsin have elevated levels of radon.
Supporting Fact 1-2: The gas can dissolve into water and go into the air by taking a shower, laundrying or washing dishes.	Supporting Fact 2-2: **When a house is sealed in winter, it increases the amount of radon gas exposure.**	Supporting Fact 3-2: Many hardware stores have test kits for $20 to $30.
Supporting Fact 1-3 Radon gas can seep into homes through the foundation	Supporting Fact 2-3 There aren't any symptoms, so it is important to test your home for radon.	Supporting Fact 3-3 Professionals can be hired to keep the radon from getting into your home.

Appendix 4: Sample Fax Template

Location: G:\NSSHARE\Forms and Sample Letters

Appendix 5: Sample Letterhead Template

Location: G:\NSSHARE\Forms and Sample Letters
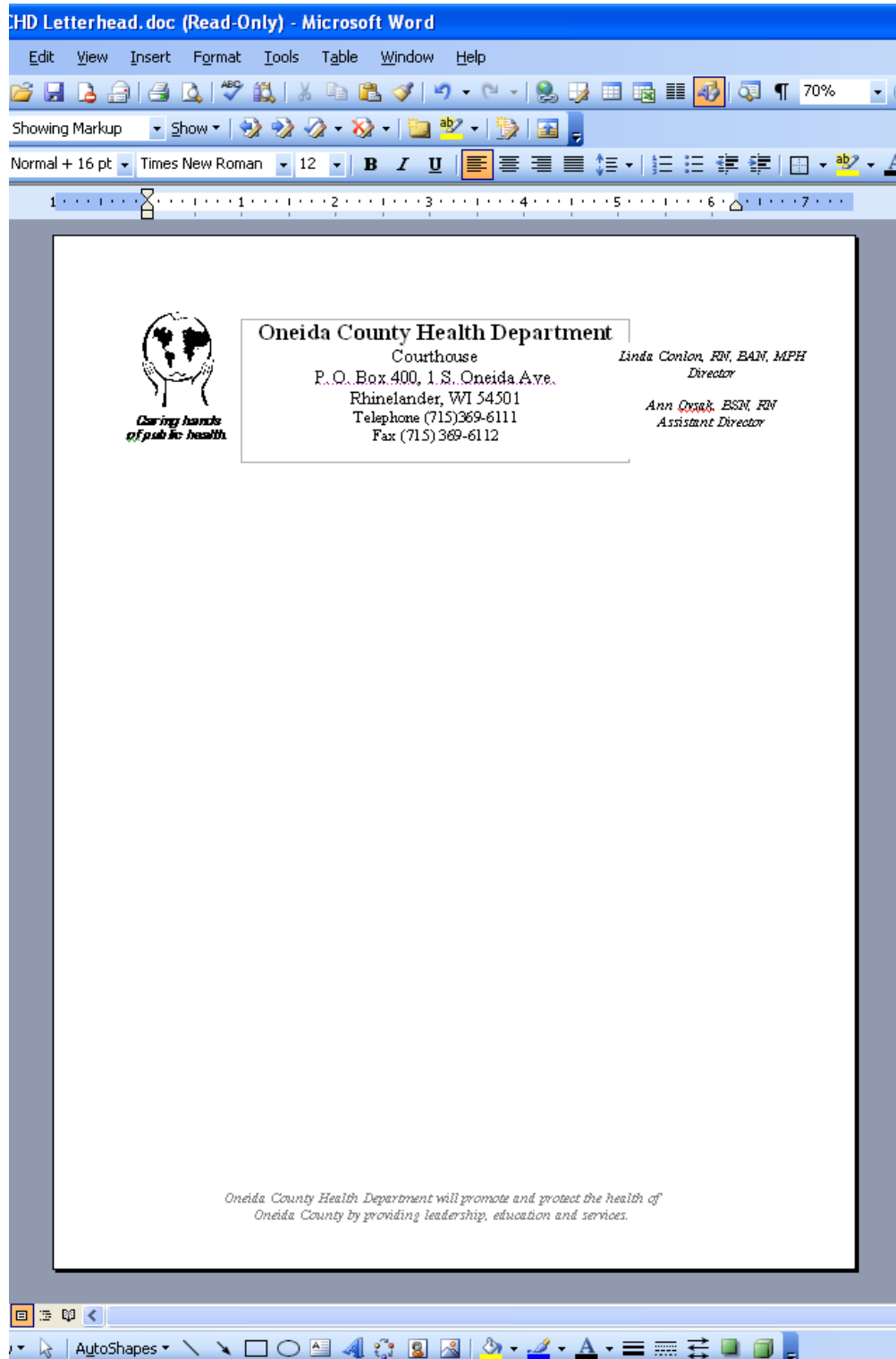
Appendix 6: Health Alert to Syndromic Surveillance Group

Location: G:\NSSHARE\Forms and Sample Letters

Oneida County Health Department
Courthouse
1 Courthouse Square, P. O. Box 400
Rhinelander, WI 54501
Telephone (715)369-6111
Fax (715) 369-6112

Linda Conlon, BAN, RN
Director

Ann Ovsak, BSN, RN
Assistant Director

Health Alert:
Date:

Please distribute to all appropriate personnel in your organization.

<u>Initial information about this alert</u>:

- Health issue of concern:
    - Potential outbreak:
    - Communicable Disease:

- Location:
    -
- Clinical information:
    - Number affected:
    - Number who could potentially be affected:
    - Incident onset:
    - Infectious Period: 1/30/2012-2/27/2012
    - Symptoms/case definition:

<u>Recommended actions</u>:
-

<u>Background or Comments</u>:
-

<u>Contact for additional information</u>:

Oneida County Health Department will promote and protect the health of
Oneida County by providing leadership, education and services.

Appendix 7: Public Health Alert (Sample)

Location: G:\NSSHARE\BOIL WATER NOTICE

Oneida County Health Department
Courthouse
1 S. Oneida, P. O. Box 400
Rhinelander, WI 54501
Telephone (715)369-6111
Fax (715) 369-6112

Linda Conlon, BAN, RN
Director

Ann Ovsak, BSN, RN
Assistant Director

FOR IMMEDIATE RELEASE

Date: 10/4/11
Contact: Linda Conlon BAN, RN, MPH
715-369-6111
or Ron Groth
715-356-4454

LAKELAND SANITARY DISTRICT BOIL WATER NOTICE CONTINUES

Lakeland Sanitary District continues to be under a boil water advisory due to total coliform bacteria found in recent routine testing. Retesting the municipal water supply has yielded one negative result and we are waiting for results of the second re-sampling. Tests should be available tomorrow.   The Lakeland Sanitary District, with guidance from the Department of Natural Resources, worked diligently at correcting the situation by chlorinating and flushing the system. An update to the water situation is expected by Wednesday October 5, 2011. As a reminder to people who reside in Lakeland who are served by the municipal water:

Coliform bacteria may be found when drinking water is tested. This type of bacteria lives naturally in soil and in the waste of warm-blooded animals. They can also grow as a film in water pipes. Most coliform are not harmful, but do indicate the possible presence of other disease-causing microbes (viruses, harmful bacteria and parasites) that are often found in soil and feces.

Health effects associated with coliform bacteria in water

Although coliform bacteria are not usually harmful, illness may be caused by other microbes in the water. Typical symptoms may include diarrhea, cramps, nausea or jaundice with headaches or fatigue. Please note that these symptoms may be caused by factors other than unsafe water. If you become ill with the above symptoms during a boil water notice, you should talk to your doctor.

SAFE water must be used until you get the "ALL CLEAR"

Examples of safe water include:
- Commercially bottled water.
- Packaged ice from an approved source is safe.
- Water that has been at a rolling boil for 1 minute (CDC- Centers for Disease Control).
- A public water system that is in compliance. Please note that the container that is being used to transport the water must be cleaned or sanitized before filling it with water in order to keep the water safe to drink.
- Water from a private well that has tested safe by a homeowner.

Use only SAFE water for the following purposes:

- Drinking, cooking, making baby formula, coffee, juices, other beverages or ice.
- Watering pets
- Washing ready to eat fruits and vegetables
- Bathing infants, washing open wounds, or brushing teeth
- Rinsing dishes (or you may add 1 Tablespoon of bleach to 2 gallons of tap water)

DO NOT use ice cubes from your freezer or any beverages that that were made with unsafe water.

While under the advisory, you may use your current water for the following:

- Bathing (except infants), showering, washing hands and washing dishes
- Washing dishes in automatic dishwashers that uses a heating element to dry dishes
- Washing cars and watering lawns

Please Note: Elderly people, small children (including infants), and individuals who have poor immune systems due to illness should be very careful to follow all health and safety warnings during a boil water/bottled water notice. If you or anyone you care for has a poor immune system, consult with your doctor for additional advice.

For more information about safe drinking water, contact the Oneida County Health Department at 369-6205 or check our website for updated information at www.oneidacountypublichealth.org.

Appendix 8: HIPAA Requirements

Privacy Rule

The effective compliance date of the Privacy Rule was April 14, 2003 with a one-year extension for certain "small plans". The HIPAA Privacy Rule regulates the use and disclosure of certain information held by "covered entities" (generally, health care clearinghouses, employer sponsored health plans, health insurers, and medical service providers that engage in certain transactions.)[11] It establishes regulations for the use and disclosure of Protected Health Information (PHI). PHI is any information held by a covered entity which concerns health status, provision of health care, or payment for health care that can be linked to an individual.[12] This is interpreted rather broadly and includes any part of an individual's medical record or payment history.

Covered entities must disclose PHI to the individual within 30 days upon request.[13] They also must disclose PHI when required to do so by law, such as reporting suspected child abuse to state child welfare agencies.[14]

A covered entity may disclose PHI to facilitate treatment, payment, or health care operations,[15] or if the covered entity has obtained authorization from the individual.[16] However, when a covered entity discloses any PHI, it must make a reasonable effort to disclose only the minimum necessary information required to achieve its purpose.[17]

The Privacy Rule gives individuals the right to request that a covered entity correct any inaccurate PHI.[18] It also requires covered entities to take reasonable steps to ensure the confidentiality of communications with individuals.[19] For example, an individual can ask to be called at his or her work number, instead of home or cell phone number.

The Privacy Rule requires covered entities to notify individuals of uses of their PHI. Covered entities must also keep track of disclosures of PHI and document privacy policies and procedures.[20] They must appoint a Privacy Official and a contact person[21] responsible for receiving complaints and train all members of their workforce in procedures regarding PHI.[22]

An individual who believes that the Privacy Rule is not being upheld can file a complaint with the Department of Health and Human Services Office for Civil Rights (OCR).[23][24] However, according to the *Wall Street Journal*, the OCR has a long backlog and ignores most complaints. "Complaints of privacy violations have been piling up at the Department of Health and Human Services. Between April of 2003 and November of 2006, the agency fielded 23,886 complaints related to medical-privacy rules, but it has not yet taken any enforcement actions against hospitals, doctors, insurers or anyone else for rule violations. A spokesman for the agency says it has closed three-quarters of the complaints, typically because it found no violation or after it provided informal guidance to the parties involved."[25] However, in July 2011, UCLA agreed to pay $865,500 in a settlement regarding potential HIPAA violations. An HHS Office for Civil Rights investigation showed from 2005 to 2008 unauthorized employees, repeatedly and without legitimate cause, looked at the electronic protected health information of numerous UCLAHS patients.[26]

 For more information on HIPAA, please visit;
http://en.wikipedia.org/wiki/Health_Insurance_Portability_and_Accountability_Act

Appendix 9: Health Literacy Guidance

When teaching patients with low health literacy, remember:

- Literacy and intelligence are not necessarily correlated. Patients with low literacy skills may be highly intelligent, and simply need to be taught in ways supported by their strengths.
- Our culture values literacy, so people often do not want to admit to low or no literacy skills, and may go to some lengths to keep this information hidden. It is very important that the healthcare professional remain non-confrontational, non-judgmental and supportive when making any assessment of the patient's literacy abilities.
- Make no assumptions about literacy level based on the patient's appearance, race, age, financial status, religion, culture or place of origin. Assess carefully.
- Reading level assessment of text (and there are many indices) is based largely on these characteristics:
    - Average number of words per sentence
    - Average number of syllables per word
    - Difficulty of vocabulary
- Most commercially available patient education materials (including many on the internet) are written at a 9th -10th grade level or higher. Many patients may not be able to read and comprehend these materials.
- It is far too easy for healthcare professionals to underestimate the impact of low health literacy. Literacy has been defined as "more than just the ability to read".
- It encompasses comprehension, problem-solving skills, synthesis and analysis of information, abstract thinking and reasoning, the capacity to recognize patterns and the ability to generalize from them, and the development of a broad general knowledge base". Patients with low literacy skills may not be willing to express lack of understanding; may not have the vocabulary to ask pertinent questions; and may not use explicit adjectives in describing symptoms and development of their health concerns. Unexpected problems can arise, based on assumptions the healthcare professional may make about the patient's basic knowledge concerning anatomy, physiology, basic health and hygiene, and skills such as telling time, calculating simple measures, using a telephone or pager, understanding numbers, etc.
- Assessment of literacy skills should be low-key and gentle:
- Look – Does the patient read? What is being read?
- Listen – Does the patient ask questions indicating material has been read understood?
- Get to know the patient – Ask what the patient enjoys doing for relaxation?
- Is reading mentioned?
    - Does the patient regularly need help with items that need to be read, such as menus, brochures, labels, directions, etc.?
- When teaching patients with low literacy skills:
    - Teach in small increments of time (a few minutes to no more than 30 minutes).
    - Present one idea or topic at a time.
    - Teach essential information first.

- Teach at a time when the patient is interested - the 'golden moment'.
- Repeat key information.
- Be consistent in the terms used (use 'operation' or 'surgery', not both).
- Use short, simple words, avoiding medical jargon and slang terms.
- Use short, simple sentences.
- Use easily understood analogies.
- Evaluate learning often (have the patient restate and/or demonstrate).
- When choosing or writing materials for patients with low literacy skills, the following characteristics (very succinctly) facilitate reading and comprehension:
  - Large print.
  - Simple serif font.
  - Clear headings and sub-headings.
  - Lots of white space.
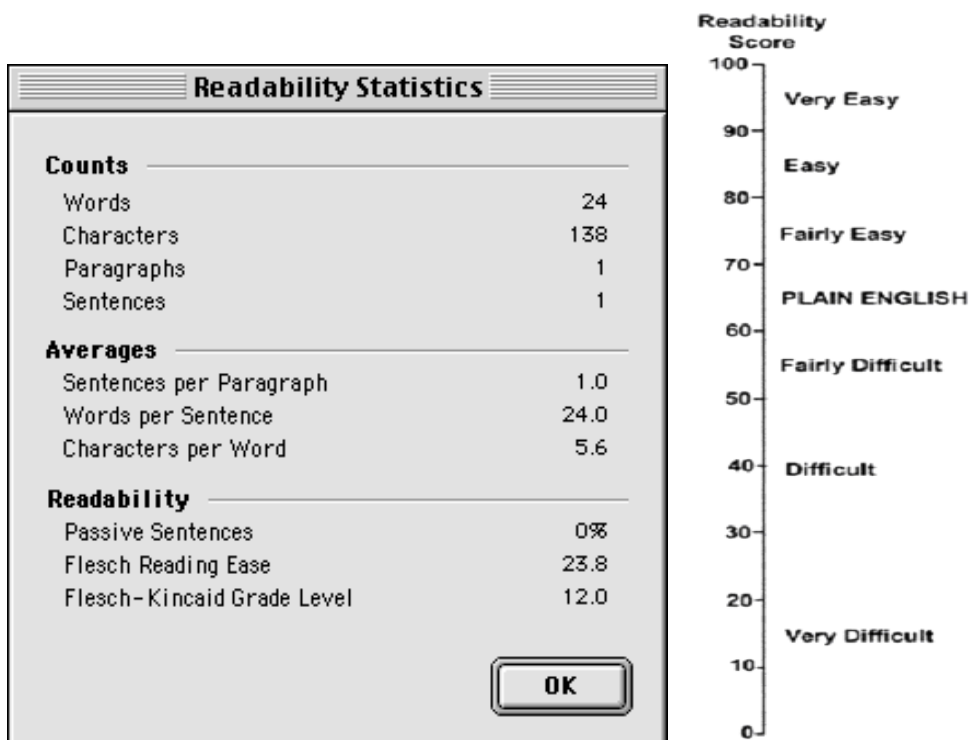 - Pertinent, simple line-drawings (these serve as landmarks and reminders).

http://www.parklandhospital.com/patients_visitors/health_information/pdf/gdl%20teaching%20ll.pdf

Appendix 10: How to Conduct a Readability Check

You can use the MS Word spell check to test readability of a highlighted section or an entire document.

This test checks whole sentences that end in a period, question mark, or exclamation point. Fragments and headings are not checked.

The Flesch Reading Ease statistic is a readability score that can be interpreted by using the chart on the right. A score of 60 and above rates as Plain Language.

Readability Statistics	
Counts	
Words	24
Characters	138
Paragraphs	1
Sentences	1
Averages	
Sentences per Paragraph	1.0
Words per Sentence	24.0
Characters per Word	5.6
Readability	
Passive Sentences	0%
Flesch Reading Ease	23.8
Flesch-Kincaid Grade Level	12.0

OK

Readability Score

- 100 —
- 90 — Very Easy
- — Easy
- 80 — Fairly Easy
- 70 — PLAIN ENGLISH
- 60 — Fairly Difficult
- 50 —
- 40 — Difficult
- 30 —
- 20 — Very Difficult
- 10 —
- 0 —

To have the Spell Check display the Readability Statistics, go to **Tools > Options > Spelling & Grammar** and make sure that **Check Grammar with Spelling** is checked as well as **Show Readability Statistics**.

In versions of Word before 2003, the Flesch-Kincaid Grade Level measure did not register above 12th grade level. To use Flesch-Kincaid, work towards a score of between a 5th and 9th grade reading level.